

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

Note: For Annual Site Reviews, only the questions with the * apply.

Contract Number: Legal Entity: Legal Entity Number: Medi-Cal Provider Number: Provider Name: Address: Tel. #: Contact Person: Days/Hours Operation:	Review Date: Report Date: Certification Date:			
Services Provided: <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Outpatient <input type="checkbox"/> Medication Management <input type="checkbox"/> Day Rehabilitation <input type="checkbox"/> Therapeutic Behavioral Services <input type="checkbox"/> Case Management <input type="checkbox"/> Day Treatment Intensive Full <input type="checkbox"/> Day Intensive Half <input type="checkbox"/> Other				
Type Of Review: Medi-Cal Certification <input type="checkbox"/> Medi-Cal Recertification <input type="checkbox"/> Annual <input type="checkbox"/>				
Date Of Last Certification/ Recertification:			Reviewer's Name:	
1. Physical Plant/Facility	Yes	No	N/A	Comments
a. Handicapped/disabled have full access (ramps, min. 33"-wide doors, elevator if not on street level).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Handicapped parking is clearly marked and available near handicapped access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Office is handicapped equipped (restrooms, doorknobs or pushbuttons, railings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Location is accessible by public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. All client records and confidential logs are maintained in locked storage areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Health and Safety	Yes	No	N/A	Comments
a. *Facility/building is clean, sanitary, in good repair, and maintained in a manner to provide for physical safety of clients, visitors and personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe the building and ground for actual and potential hazards.

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

b. *Exit doors unlocked on the inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. *Exits marked with well-lit signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. *Fire extinguishers installed throughout the facility are inspected annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of current fire clearance.
e. *Fire clearance document certifying compliance is current and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: The facility cannot be certified without a fire safety inspection that meets local fire codes. NOTE: A new fire safety inspection may be required if the facility undergoes a major renovation or other structural changes. NOTE: Efforts should be made to have the facility re-inspected prior to the tri-ennial recertification onsite visit. Review evidence of efforts.
3. Required Program Documents and Evidence of Processes	Yes	No	N/A	Comments
a. Articles of Incorporation are available. <i>Required at initial certification only.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Bylaws of the Board of Directors are available. <i>Required at initial certification only.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Personnel Program Policies and Procedures Manual is current and available (for hiring, termination, attendance, accidents, sexual harassment, discrimination, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. *Current Organizational Provider Operations Handbook is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. *Current Uniform Clinical Record Manual is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Written Policies and Procedures for:				
1. *Program operating procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Maintain client confidentiality/Protected Health Information including: access to records, tracking of record location, transportation of records, release of information, transmittal of information, and maintenance of confidentiality in the office by all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify that confidentiality of beneficiary information is maintained and is consistent with HIPAA requirements. County of San Diego HHSA P&P # 01-05-100
3. Unusual occurrences relating to health and safety issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County of San Diego HHSA CMHS General Administration

SAN DIEGO COUNTY MENTAL HEALTH PLAN
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				P&P# 06-02-17
4. *Provision of, or referral of individuals to a psychiatrist or to a physician during or after program hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Service delivery policies including written description of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written program description must describe the specific activities of services provided.
6. Maintenance policy to ensure the safety and well being of clients and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have Building Maintenance Policy or Agreement available.
g. Written processes are current and available on:				
1. Requirements on client's admission/orientation, including receiving a copy of their Client Rights, Advance Directive information, and written description of program services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Individual records of discharged clients are completed and filed within 30 days after discharge and maintained for a minimum of 7 years, except for minors, whose records shall be kept at least 1 year after the minor has reached the age of 18, but in no case less than 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Documentation standards for medical record charting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. *Requirements on all claims to be certified and submitted in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. *Logging/maintaining the Request for Service (Access) Logs and storing logs in a locked, secure area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Request for Services Log – Revision 6-23-04 (P&P # 06-01-110)
6. *Requirements that clients are informed of the Grievance and Appeal process, including the logging/maintaining of suggestions and provider transfer requests and stored in a locked, secure area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Timely distribution of posters of mandated beneficiary info (P&P #01-06-101). Suggestions and Provider Transfer Request Log, Revision 7-30-04.
7. *Logging/maintaining professional licensing waiver guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. *Logging/maintaining information on all clinical staff, including: degree, license, areas of specialization, cultural competencies, languages spoken, signatures, and job title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of most recent Cultural Competence Staffing Report from Monthly Status Report.

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

9. *Verifying and submitting employee professional licenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. *Monthly invoicing process certifying no employees have been debarred or excluded from participation in federal programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. *Internal monitoring and auditing, including the provision of prompt responses to detected offenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. *Logging/maintaining information on all Medi-Cal beneficiaries assessed face to face by a mental health professional that determines that the individual does not meet medical necessity is denied access into the Specialty Mental Health Plan and is given an NOA-A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice of Action- Assessment (P&P # 06-01-12) NOA-A Log, Revision 10-17-03
13. Logging/maintaining minutes that document URC activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. *Medication monitoring activities, including submission and maintaining of quarterly medication reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P&P # 06-01-103 – Medication Monitoring Procedures for Children's Mental Health Contract Programs.
15. *Specialty mental health services for clients with co-occurring substance use problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Personnel	Yes	No	N/A	Comments
a. *Staff meets minimum qualifications of position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. *Head of Service meets minimum qualifications (under CCR, Title 9, Section 622-630 requirements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. *Copies of all (expired & current) staff licenses, registrations, waivers are available on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Medication Service	Yes	No	N/A	Comments
a. *Prescription drugs are labeled in compliance with Federal and State laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Evidence is presented and written Policies and Procedures are on hand for obtaining, dispensing, administering, and storing medications (including a – k).
b. *Prescription drug labels are altered only by persons legally authorized to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. *Drugs intended for external use stored separately from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
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FY 05-06

drugs used for internal use.				
d. *Drugs stored at proper temperatures (room temperatures at 59-86 degrees F and refrigerated drugs at 36-46 degrees F).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Monitored and logged daily
e. *Drugs stored separately from food stuff and are clearly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. *Drugs stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. *Drugs are not retained after the expiration date and no contaminated or deteriorated drugs are found.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. *IM multi-dose vials are dated and initialed when opened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. *Provider disposes of expired, contaminated, deteriorated, and abandoned drugs in compliance with State and Federal laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. *A drug log is maintained documenting #i above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. *Drugs are dispensed only by persons lawfully authorized to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Cultural Competency Standards	Yes	No	N/A	Comments
a. *Program uses a written process to link Medi-Cal beneficiaries with services in their primary language at mandated and non-mandated key points of contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. *Availability of bilingual/bicultural staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. * <u>All</u> staff (clinical, program management, clerical, volunteers) receives annually four (4) hours of cultural competence training that is documented via sign-in sheets, minutes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of most recent Cultural Competence Training Report from MSR
d. *Written information (e.g., rules, fact/resource sheets, brochures, etc.) on program specific services is provided in threshold languages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. *Client satisfaction survey is available in threshold languages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Youth Satisfaction Survey currently available in English and Spanish

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

f. *Special efforts are used to recruit and retain bilingual and bicultural staff, e.g., pay differentials for bilingual staff, strategies for improving job satisfaction or providing opportunities to network with staff with similar assignments in other areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. *Evidence of outreach efforts to ethnic Medi-Cal beneficiaries regarding available cultural and linguistic services/programs offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. *Documentation in the clinical record of client's ethnicity, primary language, religious/spiritual background, and sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Consumer Rights	Yes	No	N/A	Comments
a. *Program hours of operations and services offered to Medi-Cal beneficiaries are comparable to those for non-Medi-Cal clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. *Consumer satisfaction surveys are administered and collected in a manner ensuring client confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. *Client and Family Handbooks in threshold languages are prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. *Client grievance/appeal posters in the threshold languages are posted visibly in common areas. *Brochures and *Forms with envelopes are available without requiring a consumer to request them from staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: The informing materials (Client and Family Handbooks) must be available upon intake and upon request in English and in threshold languages onsite. NOTE: There must be a posted notice explaining the grievance, appeal and fair hearings processes in English and in the threshold languages. NOTE: There must be grievance forms and appeal forms in English and the threshold languages and self addressed envelopes available without the need to make a verbal or written request.
e. *Limited English Proficiency (LEP) posters are prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. *List of clinicians (including: degree/license, areas of specialization, cultural competencies, and job title) is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SAN DIEGO COUNTY MENTAL HEALTH PLAN
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Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

available for clients, family, etc., upon request.				
g. *The Access/Crisis Line (ACL) telephone # is posted visibly in common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. *Notice of Privacy Practices (NPP) is prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Day Treatment Intensive	Yes	No	N/A	Comments
a. Written description of the program includes the following components:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of written program description
1. *Community meetings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) *occur at least once a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) *include a staff person whose scope of practice includes psychotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) *address issues pertinent to the continuity and effectiveness of the therapeutic milieu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Therapeutic milieu:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) *is available for at least four hours per day for full-day programs and three hours per day for half-day programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) *is continuous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Program must be continuous except for lunch and short breaks; but lunch and break time do not count in the program time.
(c) *includes skill-building groups, adjunctive therapies, and psychotherapy for a weekly average of three hours per full-day programs and two hours for half-day programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Skill building groups help beneficiaries identify psychiatric and psychological barriers to attaining their objectives, and through the course of group interaction become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors. NOTE: Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.
3. *Established protocol for responding to clients experiencing a mental health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. *Detailed written weekly schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of detailed weekly schedule.

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

5. *Staffing ratio in compliance (minimum of 1 staff to 8 clients attending when program is open).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: As evidenced in daily client log and daily staff pattern log. NOTE: List of qualified staff are as follows: Physician, licensed/waivered psychologist, licensed/waivered/registered social worker, licensed/waivered/registered Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Occupational Therapist and Mental Health Rehabilitation Specialist NOTE: if over 12 clients, must have at least one person from each of two of the above groups of qualified staff.
6. *If staff have other responsibilities, documentation of the scope of responsibilities and specific times in which Day Treatment Intensive activities are being performed exclusive of other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Persons who are not solely used to provide day treatment services may be utilized according to program need ,but shall not be included as part of the ratio formula. (Staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program)
7. *Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation.				
8. *Clients are present at least fifty percent of the scheduled hours of operation for a given day for Medi-Cal reimbursement..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. *Description of how documentation standards will be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. *Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. NOTE: The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.
9. Day Rehabilitation	Yes	No	N/A	Comments
a. Written description of the program includes the following components:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Provide copy of written program description.
1. Community meetings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) *occur at least once a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SAN DIEGO COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

(b) *include qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Qualified staff means a physician, licensed/ waived/ registered psychologist, LCSW, MFT, RN,PT, LVN, or Mental Health Rehabilitation Specialist
(c) *address issues pertinent to the continuity and effectiveness of the therapeutic milieu.				
2. Therapeutic milieu:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) *is available for at least four hours per day for full-day programs and three hours per day for half-day programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) *is continuous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Program must be continuous except for lunch and short breaks; but lunch and break time do not count in the program time
(c) *includes skill-building groups, adjunctive therapies, and psychotherapy for a weekly average of three hours per full-day programs and two hours for half-day programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Skill building groups help beneficiaries identify psychiatric and psychological barriers to attaining their objectives, and through the course of group interaction become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors. NOTE: Adjunctive therapies utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention.
3. *Established protocol for responding to clients experiencing a mental health crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: The protocol must assure the availability of appropriately trained and qualified staff. If beneficiaries will be referred to crisis services outside of the day treatment program, the provider must have the capacity to handle the crisis until the beneficiary is linked to outside crisis services.
4. *Detailed written weekly schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: The schedule must identify when and where the service components will be provided and by whom. NOTE: The schedule must specify the program staff, their qualifications, and the scope of their responsibilities.
5. *Staffing ratio in compliance (minimum of 1 staff to 10 clients attending when program is open).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: List of qualified staff are as follows: Physician, licensed/waivered psychologist, licensed/waivered/registered social worker, licensed/waivered/registered Marriage and Family Therapist, Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Occupational Therapist and

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CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06

				Mental Health Rehabilitation Specialist.. NOTE: if over 12 clients, must have at least one person from each of two of the above groups of qualified staff, as evidenced in daily client log and daily staff pattern log.
6. *Description of how at least one staff person will be present and available to the group in the therapeutic milieu for all scheduled hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. *If staff have other responsibilities, documentation of the scope of responsibilities and specific times in which Day Rehab. activities are being performed exclusive of other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: Persons who are not solely used to provide day treatment services may be utilized according to program need, but shall not be included as part of the ratio formula. (Staffing pattern, duties and responsibilities of these staff, as well as hours of operation of the program).
8. *Clients are present at least fifty percent of the scheduled hours of operation for a given day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. *Description of how documentation standards will be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. *Description of at least one contact per month with a family member, caregiver, significant support person, or legally responsible adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: There is an expectation that this contact will occur outside the hours of operation and therapeutic milieu. NOTE: The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration.

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CONFIDENTIAL QI
Children's Mental Health Services
Medi-Cal Site Re-Certification Tool and Summary Form
FY 05-06**

PLAN OF CORRECTION REQUIRED YES ☐ NO ☐

IF NO, ANNUAL SITE REVIEW APPROVED BY:

Name

Date

IF YES, DATE PLAN OF CORRECTION IS DUE:

(When the required criteria are not met, a Plan of Correction is required within 30 days of the Report Date on the first page of this summary, stating how you plan to address the areas of non-compliance)

PLAN OF CORRECTION APPROVED BY:

Name

Date

☐ **SEE ATTACHED PLAN OF CORRECTION**

COMMENTS: